

# COMPLAINT - SUMMONS

COMPLAINT NUMBER			
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0908	S	2019	000715
NORTH BERGEN MUNICIPAL COURT 4225 BERGEN TURNPIKE NORTH BERGEN NJ 07047-0000 201-392-2088 COUNTY OF: HUDSON			
# of CHARGES 1	CO-DEFTS 0	POLICE CASE #: 2019080693	
COMPLAINANT NAME: DET. ASHLEY RUBEL HUDSON COUNTY PROSECUTOR'S OFFICE 595 NEWARK AVENUE JERSEY CITY NJ 07306		DEFENDANT INFORMATION SEX: M EYE COLOR: HAZEL DOB: [REDACTED] 1941 DRIVER'S LIC. #. F02515936605415 DL STATE: NJ SOCIAL SECURITY #: xxx-xx-x746 SBI #: 15693A TELEPHONE #: [REDACTED] (W) LIVSCAN PCN #: 099901000719	

THE STATE OF NEW JERSEY

VS.

NINO F FALCONE

ADDRESS: 712 79TH STREET

NORTH BERGEN

NJ 07047-0000

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 08/29/2019 in NORTH BERGEN TWP, HUDSON County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE CRIME OF CRIMINAL SEXUAL CONTACT, A CRIME OF THE FOURTH-DEGREE, IN VIOLATION OF N.J.S. 2C:14-3B, SPECIFICALLY THE DEFENDANT NINO FALCONE KNOWINGLY DID COMMIT AN ACT OF SEXUAL CONTACT WITH [REDACTED], BY USING PHYSICAL FORCE OR COERCION, FOR THE PURPOSE OF SEXUALLY AROUSING OR SEXUALLY GRATIFYING HIMSELF BY GRABBING THE BREAST(S) OF [REDACTED] WITH HIS HANDS, CONTRARY TO THE PROVISIONS OF N.J.S. 2C:14-3B.

in violation of:

Original Charge	1) 2C:14-3B	2)	3)
Amended Charge			

## CERTIFICATION:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: DET. A THORMANN Date: 09/12/2019

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

## SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of: HUDSON at the following address: HUDSON COUNTY COURT

ADMINISTRATION BUILDING 595 NEWARK AVENUE JERSEY CITY NJ 07306-0000

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: 09/12/2019 Appearance Date: 10/03/2019 Time: 09:00AM Phone: 201-795-6000

Signature of Person Issuing Summons: DET. A THORMANN Date: 09/12/2019

☐ Domestic Violence - Confidential

☐ Related Traffic Tickets  
or Other Complaints

☐ Serious Personal Injury/ Death  
Involved

Special conditions of release:

- ☐ No phone, mail or other personal contact w/victim
- ☐ No possession firearms/weapons
- ☐ Other (specify):

ORIGINAL

# COMPLAINT – SUMMONS (Court Action)

**COMPLAINT NUMBER****0908****S****2019****000715****STATE V.****NINO F FALCONE**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

**FTA Bail Information**

Date Bail Set: \_\_\_\_\_

Amount Bail Set: \$ \_\_\_\_\_

by: \_\_\_\_\_

☐ Bail Recog. AttachedReleased  
on Bail

R.O.R.

Committed  
DefaultCommitted  
w/o Bail

Place Committed: \_\_\_\_\_

Date Referred to  
County Prosecutor: \_\_\_\_\_Date of First  
Appearance: **10/03/2019**☐ Advised of Rights by \_\_\_\_\_

Defendant Desires Counsel:

☐ Yes ☐ No**Prosecuting Attorney Information****Defense Counsel Information****Name:****Name:**

State

County

Municipal

Other

None

Retained

Public Def

Assigned

Waived

Other

Original Charge

1) **2C:14-3B**

2)

3)

Amended Charge

Waiver Indt/Jury

Plea/Date of Plea

Plea:

Date:

Plea:

Date:

Plea:

Date:

Adjudication (\* see code)

Finding  
Code:

Date:

Finding  
Code:

Date:

Finding  
Code:

Date:

Jail Term

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Probation Term

Susp. Imp

Susp. Imp

Susp. Imp

Cond. Discharge Term

Community Service

D/L Suspension Term

Fines/Costs

Fines:

Costs:

Fines:

Costs:

Fines:

Costs:

VCCB/SNSF

VCCB:

SNSF:

VCCB:

SNSF:

VCCB:

SNSF:

DEDR/Lab Fee

DEDR:

LAB:

DEDR:

LAB:

DEDR:

LAB:

CD Fee/Drug Ed Fnd

CD:

DAEF:

CD:

DAEF:

CD:

DAEF:

DV Surch/Other Fees

DV:

Other:

DV:

Other:

DV:

Other:

Restitution

Beneficiary: \_\_\_\_\_

**Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:****Related Traffic Tickets and Complaints:****\* Finding Codes**

- 1 – Guilty
- 2 – Not Guilty
- 3 – Dismissed – Other
- 4 – Guilty but Merged
- 5 – Dismissed-Rule
- 6 – Dismissed Lack of Prosecution
- 7 – Dismissed – Pros Motion/Vic Req
- 8 – Conditional Discharge
- D – Dismissed- Prosecutor Discretion
- M – Dismissed- Mediation
- P – Dismissed-Plea Agreement
- S – Disposed at Superior
- W – Dismissed-False ID

**ORIGINAL - Court Action**

JUDGE'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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NJ/CDR1 1/1/2017



# COMPLAINT - SUMMONS (DEFENDANT'S COPY)

## COMPLAINT NUMBER

**0908****S****2019****000715**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

**NORTH BERGEN MUNICIPAL COURT**  
**4225 BERGEN TURNPIKE**  
**NORTH BERGEN NJ 07047-0000**  
**201-392-2088** COUNTY OF: **HUDSON**

# of CHARGES  
**1**CO-DEFTS  
**0**POLICE CASE #:  
**2019080693**

COMPLAINANT

NAME: **DET. ASHLEY RUBEL****THE STATE OF NEW JERSEY****VS.****NINO F FALCONE**ADDRESS: **712 79TH STREET****NORTH BERGEN****NJ 07047-0000**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **HAZEL**DOB: **1941**DRIVER'S LIC. #: **F02515936605415**DL STATE: **NJ**SOCIAL SECURITY #: **xxx-xx-x746**SBI #: **15693A**TELEPHONE #: **(W)**LIVSCAN PCN #: **099901000719**

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **08/29/2019** in **NORTH BERGEN TWP**, **HUDSON** County, **NJ** did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE CRIME OF CRIMINAL SEXUAL CONTACT, A CRIME OF THE FOURTH-DEGREE, IN VIOLATION OF N.J.S. 2C:14-3B, SPECIFICALLY THE DEFENDANT NINO FALCONE KNOWINGLY DID COMMIT AN ACT OF SEXUAL CONTACT WITH **[REDACTED]**, BY USING PHYSICAL FORCE OR COERCION, FOR THE PURPOSE OF SEXUALLY AROUSING OR SEXUALLY GRATIFYING HIMSELF BY GRABBING THE BREAST(S) OF **[REDACTED]** WITH HIS HANDS, CONTRARY TO THE PROVISIONS OF N.J.S. 2C:14-3B.

### in violation of:

Original Charge

1) **2C:14-3B**

2)

3)

Amended Charge

### CERTIFICATION:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment

Signed: **DET. A THORMANN**Date: **09/12/2019**

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

### SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of: **HUDSON**at the following address: **HUDSON COUNTY COURT****ADMINISTRATION BUILDING****595 NEWARK AVENUE****JERSEY CITY****NJ 07306-0000**

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: **09/12/2019** Appearance Date: **10/03/2019** Time: **09:00AM** Phone: **201-795-6000**Signature of Person Issuing Summons: **DET. A THORMANN**Date: **09/12/2019**☐ Domestic Violence – Confidential☐ Related Traffic Tickets  
or Other Complaints☐ Serious Personal Injury/ Death  
Involved

### Special conditions of release:

☐ No phone, mail or other personal contact w/victim☐ No possession firearms/weapons☐ Other (specify):**COMPLAINT - SUMMONS (DEFENDANT'S COPY)****Page 3 of 7****NJ/CDR1 1/1/2017**



# RETURN OF SERVICE INFORMATION

## COMPLAINT NUMBER

**0908**
**S**
**2019**
**000715**
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PREFIX
YEAR
SEQUENCE NO.

**NORTH BERGEN MUNICIPAL COURT**  
**4225 BERGEN TURNPIKE**  
**NORTH BERGEN NJ 07047-0000**  
**201-392-2088** COUNTY OF: **HUDSON**

# of CHARGES  
**1**
CO-DEFTS  
**0**
POLICE CASE #:  
**2019080693**

COMPLAINANT **DET. ASHLEY RUBEL**  
NAME: **HUDSON COUNTY PROSECUTOR'S OFFICE**  
**595 NEWARK AVENUE**  
**JERSEY CITY NJ 07306**

## THE STATE OF NEW JERSEY

### VS.

## NINO F FALCONE

ADDRESS :  
**712 79TH STREET**

**NORTH BERGEN**
**NJ 07047-0000**

### DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **HAZEL**

DOB: **1941**

DRIVER'S LIC. #: **F02515936605415**

DL STATE: **NJ**

SOCIAL SECURITY #: **xxx-xx-x746**

SBI #: **15693A**

TELEPHONE #: **(W)**

LIVSCAN PCN #: **099901000719**

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **08/29/2019** in **NORTH BERGEN TWP**, **HUDSON** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE CRIME OF CRIMINAL SEXUAL CONTACT, A CRIME OF THE FOURTH-DEGREE, IN VIOLATION OF N.J.S. 2C:14-3B, SPECIFICALLY THE DEFENDANT NINO FALCONE KNOWINGLY DID COMMIT AN ACT OF SEXUAL CONTACT WITH **██████████** BY USING PHYSICAL FORCE OR COERCION, FOR THE PURPOSE OF SEXUALLY AROUSING OR SEXUALLY GRATIFYING HIMSELF BY GRABBING THE BREAST(S) OF **██████████** WITH HIS HANDS, CONTRARY TO THE PROVISIONS OF N.J.S. 2C:14-3B.

### in violation of:

Original Charge

1) **2C:14-3B**

2)

3)

Check

✓

### Certification by Police Regarding Complaint-Summons

✓

I certify that I served the complaint-summons by delivering a copy to the defendant personally.

I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over

Name of family member over 14 years of age

I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address.

Defendant's last known address

I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf.

Name and title of authorized person

Other manner of service: I certify that I served the complaint-summons in the following manner:

I certify that I was unable to serve the complaint-summons.

Signed: **DET. A THORMANN HUDSON CO PROSECUTORS OFF**

Name, Title and Department of Officer

Date of Action: **09/12/2019**

## RETURN OF SERVICE INFORMATION



# Affidavit of Probable Cause

## COMPLAINT NUMBER

**0908****S****2019****000715**

COURT CODE

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SEQUENCE NO.

**NORTH BERGEN MUNICIPAL COURT**  
**4225 BERGEN TURNPIKE**  
**NORTH BERGEN NJ 07047-0000**  
**201-392-2088** COUNTY OF: **HUDSON**

# of CHARGES  
**1**

CO-DEFTS

POLICE CASE #:  
**2019080693**

COMPLAINANT NAME: **DET. ASHLEY RUBEL**  
**HUDSON COUNTY PROSECUTOR'S OFFICE**  
**595 NEWARK AVENUE**  
**JERSEY CITY NJ 07306**

*THE STATE OF NEW JERSEY**VS.***NINO F FALCONE**ADDRESS: **712 79TH STREET****NORTH BERGEN****NJ 07047-0000**

## DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **HAZEL** DOB: **1941**  
DRIVER'S LIC. #: **F02515936605415** DL STATE: **NJ**  
SOCIAL SECURITY #: **xxx-xx-x746** SBI #: **15693A**  
TELEPHONE #: **(W)**  
LIVESCAN PCN #: **099901000719**

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

On August 29, 2019, the Special Victims Unit was referred a case regarding an alleged criminal sexual contact upon [REDACTED] by the defendant (herein referred to as "Falcone.")

[REDACTED] provided a digitally sworn statement to SVU. [REDACTED] stated on 8/29/19 she went to Falcone's law office for business. [REDACTED] is an office manager at a doctor's office, and Falcone is the attorney for the doctor's office that [REDACTED] works for. Falcone has also represented [REDACTED] on personal matters.

[REDACTED] stated while in Falcone's office, they discussed business, along with how it was recently her birthday and recent vacations. When [REDACTED] was attempting to leave, Falcone pulled [REDACTED] in for a hug, and rubbed her back. Feeling uncomfortable, [REDACTED] attempted to push Falcone away. While attempting to push him away, Falcone slid his hands along the side of [REDACTED]'s chest, then grabbed her breasts with his hands, telling her to let him "play" with her and to let him touch her. [REDACTED] continued to push Falcone away, and he grabbed her wrist. Falcone let go of her wrist, took out his wallet, and offered to give her birthday money.

[REDACTED] left Falcone's office, and went back to the doctor's office. She stated she went and told the doctor immediately what happened, and subsequently told the receptionist, identified as [REDACTED]. [REDACTED] stated she did not want to report this to the North Bergen Police Department because Falcone is also a Municipal Court Judge in North Bergen.

The doctor and [REDACTED] were interviewed. Both corroborated [REDACTED]'s disclosure. The doctor described [REDACTED] as "crying" and "shaking." [REDACTED] stated she found [REDACTED] in the office bathroom crying, and [REDACTED] told her what happened. [REDACTED] stated on 8/30/2019, Falcone called the doctor's office twice, asking for [REDACTED]

[REDACTED] subsequently told her husband after telling the doctor and [REDACTED]. The husband corroborated [REDACTED]'s account to SVU, and also described her as "crying" and "shaking."

Affidavit of Probable Cause

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1/1/2017



# Affidavit of Probable Cause

## COMPLAINT NUMBER

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THE STATE OF NEW JERSEY

VS.

NINO F FALCONE

2. I am aware of the facts above because: (Included, but not limited to: your observations, statements of eyewitnesses, defendant's admission, etc.)

3. If victim was injured, provide the extent of the injury:

### Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: DET.A THORMANN LAW ENFORCEMENT OFFICER

Date: 09/12/2019

Affidavit of Probable Cause

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1/1/2017

# Preliminary Law Enforcement Incident Report

## COMPLAINT NUMBER

**0908****S****2019****000715**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

**NORTH BERGEN MUNICIPAL COURT**  
**4225 BERGEN TURNPIKE**  
**NORTH BERGEN NJ 07047-0000**  
**201-392-2088** COUNTY OF: **HUDSON**

# of CHARGES  
**1**

CO-DEFTS

POLICE CASE #:  
**2019080693**

COMPLAINANT NAME: **DET. ASHLEY RUBEL**  
**HUDSON COUNTY PROSECUTOR'S OFFICE**  
**595 NEWARK AVENUE**  
**JERSEY CITY NJ 07306**

*THE STATE OF NEW JERSEY**VS.***NINO F FALCONE**ADDRESS: **712 79TH STREET****NORTH BERGEN****NJ 07047-0000**

## DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **HAZEL** DOB: **1941**  
DRIVER'S LIC. #: **F02515936605415** DL STATE: **NJ**  
SOCIAL SECURITY #: **xxx-xx-x746** SBI #: **15693A**  
TELEPHONE #: **(W)**  
LIVESCAN PCN #: **099901000719**

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

-The offense involved a sexual crime.



-The defendant was known to the victim as:  
•Other/Explain Victim's Attorney

## Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: **DET. A THORMANN LAW ENFORCEMENT OFFICER**Date: **09/12/2019**

Preliminary Law Enforcement Incident Report

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7/20/2018